	Dec. 8,2004								Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECO							·	9	9	36	236=	)	
		CLAIMS		FILED - PART I (Column 1) (Column 2)				SMALL TYPE	EKT	ΥΠΤΥ OR		OTHER THAN SHALL ENTITY		
	TOTAL CLAIMS							RATE		FEE		RATE	FEE	
	FOR:		вмии	NUMBER FILED		NUMBER EXTRA		BASIC F		95.00	OF	BASIC FE	<del> </del>	
TOTAL CHARGEABLE CLAIMS				minus 20=		•		x 25			OR	x-50		
INDEPENDENT CLAIMS				ninus 3 =		•		x100			OR	7000		
1	MULTIPLE DEP	ENDENT CLAIM	PRESENT			. 0				<del>-</del>			<del></del>	
1.	* If the difference in column 1 is I			less than zero, enter "0" in column 2				+180		···	JOR	1 760		
								TOTAL	ــا -	•	OR			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						•	SMALI	LEN	птү	OR	OTHER SKALL		
AMENDMENTA	1118/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE	ino	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
NON	Total	. 22	Minus	- 2	2	=	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	x 25			OR	×50.		
AME	Independent a 5 Minus 5 =						·	×100	) \		OR	x200		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180			OR	1-2/A	1	
							L	TOTAL		+		+360 101AL	+	
		A	DOM, FEE	<b>L</b>			addit. Fee!							
8 LV		(Column 1) CLAIMS REMAINING AFTER		HIGHE NUMBE PREVIOU PARD	ST ER JSLY	PRESENT EXTRA		RATE:	πο	DI- NAL		RATE	ADDI- TIONAL FEE	
NOW	Total		Minus	64		1 =		x 25			OR	×50		
AK	independa	d <sub>i</sub> :	Minus	\$ 9%			- ; -	× 100	<del>}</del> }		OR	120	macic -	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											1:200		
				•			Ŀ	+/80 TOTAL	<b> </b>		OR	#360 TOTAL		
											OR A	DDIT. FEE		
	CLAIMS   NIGHEST									. سيي	<i>-</i>		,	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	R SLY	PREȘENT EXTRA		RATE	AD TIOI FE	NAL		RATE	TIONAL FEE	
	Total	*	Minus :	<del>¢4</del>		=		25			OR	×50		
WE	Independent	. :	Minus	***	· _ ]	=		× 100			OR	×200		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- 180			-	21.0		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** All the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										DR [	101AL		
		ADO	101AL OT. FEE		(	N AC	DOT. FEE							

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "20." ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (N THIS SPACE'S less than 3, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the highest number er found in the appropriate box in column 1...

OR ADDIT. FEE